STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155711	A. BUILDING 00 B. WING	04/21/2011

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HIGHLAND MANOR HEALTHCARE	2926 NORTH CAPITOL AVENUE INDIANAPOLIS, IN46208

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F0000	This visit was for the Investigation of Complaint IN00088734. This visit resulted in a Partially Extended Survey-Immediate Jeopardy. Complaint IN00088734 - Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiencies are cited. Survey dates: April 18 and 19, 2011 Extended survey dates: April 20 and 21, 2011 Facility number: 000567 Provider number: 155711 AIM number: 100289560 Survey team: Connie Landman RN TC Diana Zgonc RN Census bed type: SNF/NF: 29 SNF: 3 NF: 16 Total: 48 Census Payor Type: Medicare: 4 Medicaid: 44	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Total: 48 Sample 3 Supplemental sample 8 These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality review completed 4/25/11 by Jennie Bartelt, RN.			
F0225	The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established			

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	procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.			
SS=K	Based on record review and interview, the facility failed to ensure allegations of staff to resident and resident to resident abuse and staff neglect of residents were reported immediately to the administrator for investigation and protection of residents. The facility also failed to report allegations of abuse and neglect to the Indiana State Department of Health. The facility also failed to thoroughly investigate the allegations and protect residents during investigation. The facility also failed to identify 5 of 9 grievance/concerns filed as allegations of abuse. The deficient practice affected 7 of 8 residents from a sample of 3 and a supplemental sample of 8 identified in 5 of 9 grievance/concern documents reviewed related to allegations of abuse. (Residents E, F, G, K, L,M, and N).	F0225	All residents have the potential to be affected. Posting of procedure for Abuse known and or alleged policy with action steps at central time clock for every employee to see every in/out scheduled. Resident Council given policy and procedure on Abuse Protection and Investigation. All Families and guardians mailed policy and procedure on Abuse Protection and Investigation. All staff in-serviced on 4-21-2011 and repeated on 5-5-2011 on expanded grievance form which now includes signature lines for Administrator, Executive Director, Director of Nursing and Social Services Director. Form includes policy and step- by-step instructions on investigation procedures and reporting procedures including notification of Administrator, Director of Nursing, Social Services Director	04/21/2011

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	This deficient practice resulted in Immediate Jeopardy. The immediate jeopardy was identified on 4/19/11 and began on 3/8/11. The Executive Director was notified of the Immediate Jeopardy on 4/19/11 at 11:10 A.M. The faclity developed a plan for removal of the Immediate Jeopardy, but based on interview and review of administrative records, the plan was not effective to remove the Immediate Jeopardy prior to completeion of the survey. Findings include: An undated facility policy, provided by the Executive Director on 4/18/11 at 2:40 P.M., titled "Abuse" indicated: "Policy It is the policy of this facility to protect residents from all abusive acts and to comply with state and federal laws and regulations for reporting suspected or actual acts. Procedure: ... 15. The Administrator or Designee shall immediately identify and investigate all incidents. All investigations must be completed within five (5) working days...." The guidelines for "Reportable Unusual Occurrences", dated revised 1/25/2006, indicated:		and Executive director. All staff in-serviced with pre/post testing by Director of Nursing on Abuse, Grievances, Reportable, and Abuse Protection and Investigation policies and procedures on 4-21-2011 and repeated on 5-5-2011. Medical Director in-serviced Executive Director and Director of Nursing on 4-21-2011. Executive Director in-serviced Administrator on 4-21-2011. Executive Director and Administrator are responsible for auditing done in daily meeting with all Department Heads, weekly with Chief Operating Officer and QA Monthly for three months and quarterly thereafter. Effective 4-21-2011 and on-going.	

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	"Policy: All unusual occurrences reported to the Indiana State Department of Health will be recorded and tracked or monitored to insure residents are receiving appropriate care and services. Procedure: Facilities are required by law to report unusual occurrences within 24 hours of occurrence to the Long Term Care Division.... the facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State Survey and Certification Agency). The following are examples of occurrences that the Long Term Care Division considers reportable under both State Rule and Federal Regulation. These occurrences will be recorded by facility and will be tracked and monitored. (1) Abuse ... Abuse is willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, anguish, or deprivation by an individual of goods or services that are necessary to attain or maintain physical, mental, or psychosocial well being. (A) Physical abuse ... 2) Staff to resident abuse with or			

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	without injury ... (C) Verbal Abuse - is defined as the use of oral, written, and/or gestured language that willfully includes disparaging and derogatory terms to residents ... 1) Staff to resident - any episode, 2) Resident to resident verbal threats of harm...." An undated policy, provided by the DON (Director of Nursing) on 4/20/11 at 11:40 A.M., titled "Abuse Investigation" indicated: Policy: Nursing Homes must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the Administrator (Executive Director) of the facility and the Indiana State Department of Health. (Bold faced) Immediately means as soon as possible, but not to exceed 12 hours after discovery of the incident. It is the policy of this facility that all reports of resident abuse, neglect and injuries of an unknown source shall be promptly reported and thoroughly investigated by facility management as required by the federal regulations. Procedure: 1. Should an incident or suspected incident of resident abuse, neglect, or			

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	injury of an unknown source be reported the Executive Director, or his designee will immediately investigate the alleged incident.... ... 2. An internal investigation will be conducted using the following as part of the investigation: a. Review the completed Grievance/Complaint Investigative Report b. Review the resident's medical record to determine events leading up to the incident c. Interview the person(s) reporting the incident d. Interview any witnesses to the incident e. Interview the resident (as medically appropriate) f. Interview the resident's attending physician to determine the resident's current mental status as needed g. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident h. Interview the resident's roommate, family members, and visitors ... ... 7. Employees of this facility who have been accused of resident abuse may be suspended from duty until the Executive Director has reviewed the results of the investigation.... ... 11. Should the investigation reveal that a false report was made/filed, the investigation will cease. Residents, family members, Ombudsmen, state			

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	agencies, etc., will be notified of the findings...." During the entrance conference with the Executive Director on 4/18/11 at 9:15 A.M., he indicated the Administrator was at the facility's corporate office. During the daily conference with the Executive Director on 4/18/11 at 4:30 P.M., a request was made to see investigations of nine grievances/concerns filed in the last 3 months. On 4/19/11 at 8:10 A.M., these investigations were provided by the Executive Director. 1. A Grievance/Concern, filed by Residents F and M on 3/8/11, indicated CNA #2 "is short and abrupt when responding to call light - slow to respond. Sometimes short (symbol for with) confused res. (residents). Turns not being done. 11-7 staff doesn't come into room to check, Went entire noc (night) (symbol for without) being turned." The investigation done by the DON (Director of Nursing) indicated she spoke with the nurse (unidentified) regarding staff performance and resident complaints. The DON indicated "per nurse she has addressed tone, attitude (symbol for and) response (symbol for with) all CNAs and			

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	states when she hears the referenced confused res being verbal she goes to area to be sure nothing is wrong or behavior inapp. (inappropriate). States she had addressed T & P (turn and position) (symbol for with) another CNA." The DON also indicated in the investigation she had spoken to CNA #2 regarding how her tone could be construed as abusive and to be aware of how and what she is saying may sound to others. The DON indicated she reviewed abuse with the CNA to "clarify that tone alone may be read as abuse." The DON also spoke to the two residents during the investigation who indicated the CNA sounded disrespectful. The DON was not available to be interviewed until 4/20/11 at 9:30 A.M. During that interview, the DON indicated she did not feel, from her investigation, Residents F and M were abused or felt abused, and was unaware the allegation should have been reported to the State Agency. Also during that interview, the DON indicated she thought the Executive Director was the Administrator, and she had reported to the Executive Director. The investigation lacked documentation from staff involved. The incident was not			

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	reported to the State Agency. The Grievance/Concern form lacked the signature of the Administrator, which the form indicated was needed. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 2. On 3/16/11, a Grievance/Concern was filed by Resident K. The form indicated Resident K was crying and she indicated CNA #6 pinched her on the jaw and CNA #6 had done that the "other day". Resident K indicated she did not want CNA #6 touching her. Family member present. The DON's investigation indicated CNA #6 was sent home that day and was to meet with the DON on 3/21/11 to review counseling and required performance. "Per interview (symbol for with) staff - no one saw this occur." CNA #6's			

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	assignment was adjusted so CNA #6 would not care for Resident K again. Review of CNA #6's employee record on 4/20/11 at 8:45 A.M. indicated CNA #6 was off duty 3/16/11, 3/17/11, and 3/18/11. During interview with the DON on 4/20/11 at 9:30 A.M., she indicated CNA #6 was kept off duty until she was able to complete her investigation and counsel the employee. The investigation did not include documentation or interviews with Resident K or the family member, or a statement by CNA #6. During interview on 4/20/11 at 9:30 A.M., the DON indicated she did not feel the "pinch" was abuse, because Resident K made false accusations in the past, and she did not report the allegation to the State Agency. She indicated she informed the Executive Director, but had not informed the Administrator. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings,			

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	the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 3. A grievance/concern filed by Resident E, on 3/30/11, indicated CNA #3 called him a "G-- d--- M----- F-----, I'll kill you and pushed him into his wheelchair Also, CNA #3 threw his "reacher" onto the floor. The investigation done by the DON indicated (an unidentified) CNA came to the Nurses' Station and reported the resident (E) was using abusive language directed at her when she had gone in to provide care for another resident. CNA (unidentified) and CNA #3 went into the room to provide care. Both CNAs indicated Resident E was sitting with his visitor. The investigation lacked documentation from the CNAs involved, interview with Resident E or his visitor or a resolution to this allegation. During interview on 4/20/11 at 9:30 A.M., the DON indicated she did not feel the incident was abuse, because there was no physical contact and no injury, and she did not report the allegation to the State			

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	Agency. She indicated she informed the Executive Director, but had not informed the Administrator. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 4. On 4/1/11, a Grievance/Concern was filed by CNA #5 for Resident G. The concern indicated Resident N was standing over Resident G (who was in bed) with his fist balled making threatening (unable to read) toward Resident G. The DON's investigation indicated she spoke to Resident N who indicated there wasn't anything wrong with his doing that to Resident G and demonstrated what he did, which was what was stated in the complaint. The resolution was to change Resident N's room after discussion with the Social Services Director and			

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	communication with the guardian of Resident N. During an interview with the DON on 4/20/11 at 9:30 A.M., she indicated she was unaware a resident making a threat to another resident was abuse, she thought it had to be physical contact. She indicated she did not report the allegation to the Administrator or to the State Agency. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns were discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 5. On 4/1/11, a Grievance/Concern form was filed by Residents L and M concerning being spoken to "abruptly by nurse on 11 - 7." And inconsistent turning and positioning by CNA on 11 - 7. The DON's investigation indicated she met with the nurse and CNA (unidentified on the Grievance/Concern form and			

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	investigation), on 4/4/11 and discussed appropriate approach and response to residents. The DON indicated she addressed care performance expectations to establish and clarify baseline of acceptable performance. Counseling will follow for repeat. The investigation lacked documentation of interview with Residents L and M. The investigation did not identify the nurse or CNA. During an interview with the DON on 4/20/11 at 9:30 A.M., she indicated she was unaware a resident making an allegation of not receiving needed care during the night would fall under an abuse category. She indicated she did not report this incident to the Administrator or the State Agency. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware			

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	of the incidents. The Administrator was unavailable for interview during the survey dates. An Immediate Jeopardy was identified on 4/19/11 at 11:00 A.M. The Immediate Jeopardy began on 3/8/11 when two residents complained a CNA was short and abrupt when responding to their call lights, and they hadn't been turned all night shift. The Executive Director was notified of the Immediate Jeopardy on 4/19/11 at 11:10 A.M. related to the lack of identifying abuse and/or neglect, inadequate investigation of complaints, and failure to report alleged abuse to the Indiana State Department of Health for 5 of 9 concerns/complaints reviewed for the last 3 months. The facility staff submitted a plan of action to remove the Immediate Jeopardy on 4/20/11 at 8:30 A.M. Based on interview and review of administrative records on 4/20/11, it was determined the plan of action had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because of concerns with understanding abuse and abuse investigations and protocols. This failure to remove the Immediate Jeopardy affected 7 of 8 supplemental and 3 sampled residents (Residents E, F, G, K, L, M, N).			

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	155711	A. BUILDING 00 B. WING	04/21/2011

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	3.1-28(c) 3.1-28(d) 3.1-28(e)			
F0226	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.			
SS=K	Based on record review and interview, the facility failed to ensure staff followed policy and procedure related to identifying, investigating, protecting, and reporting allegations of abuse and neglect for 7 of 8 residents from a supplemental sample of 8 identified in 5 of 9 Grievance/Concern forms reviewed for allegations of abuse and neglect and a sample of 3. (Residents E, F, G. K, L, M, N). This deficient practice resulted in Immediate Jeopardy. The immediate jeopardy was identified on 4/19/11 and began on 3/8/11. The Executive Director was notified of the Immediate Jeopardy on 4/19/11 at 11:10 A.M. The faclity	F0226	All residents have the potential to be affected. Posting of procedure for Abuse known and or alleged policy with action steps at central time clock for every employee to see every in/out scheduled. Resident Council given policy and procedure on Abuse Protection and Investigation. All Families and guardians mailed policy and procedure on Abuse Protection and Investigation. All staff in-serviced on 4-21-2011and repeated on 5-5-2011 on expanded grievance form which now includes signature lines for Administrator, Executive Director, Director of Nursing and Social Services Director. Form includes policy and step- by-step instructions on investigation procedures and reporting	04/21/2011

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	developed a plan for removal of the Immediate Jeopardy, but based on interview and review of administrative records, the plan was not effective to remove the Immediate Jeopardy prior to completeion of the survey. Findings include: An undated facility policy, provided by the Executive Director on 4/18/11 at 2:40 P.M., titled "Abuse" indicated: "Policy It is the policy of this facility to protect residents from all abusive acts and to comply with state and federal laws and regulations for reporting suspected or actual acts. Procedure: 10. The Social Service Director shall be responsible for visiting the resident, assessing their psycho/social needs and developing interventions to address identified needs. 11. The Administrator shall be responsible for initiating proper interventions to assure the resident is protected from any further abusive acts while the incident is being investigated. ... 15. The Administrator or Designee shall immediately identify and investigate all incidents. All investigations must be completed within five (5) working days...."		procedures including notification of Administrator, Director of Nursing, Social Services Director and Executive director. All staff in-serviced with pre/post testing by Director of Nursing on Abuse, Grievances, Reportable, and Abuse Protection and Investigation policies and procedures on 4-21-2011 and repeated on 5-5-2011. Medical Director in-serviced Executive Director and Director of Nursing on 4-21-2011. Executive Director in-serviced Administrator on 4-21-2011. Executive Director and Administrator are responsible for auditing done in daily meeting with all Department Heads, weekly with Chief Operating Officer and QA Monthly for three months and quarterly thereafter. Effective 4-21-2011 and on-going.	

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	The guidelines for "Reportable Unusual Occurrences", dated revised 1/25/2006, indicated: "Policy: All unusual occurrences reported to the Indiana State Department of Health will be recorded and tracked or monitored to insure residents are receiving appropriate care and services. Procedure: Facilities are required by law to report unusual occurrences within 24 hours of occurrence to the Long Term Care Division.... the facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State Survey and Certification Agency). The following are examples of occurrences that the Long Term Care Division considers reportable under both State Rule and Federal Regulation. These occurrences will be recorded by facility and will be tracked and monitored. (1) Abuse ... Abuse is willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, anguish, or deprivation by an individual of goods or services that are			

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	necessary to attain or maintain physical, mental, or psychosocial well being. (A) Physical abuse ... 2) Staff to resident abuse with or without injury ... (C) Verbal Abuse - is defined as the use of oral, written, and/or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance.... 1) Staff to resident - any episode, 2) Resident to resident verbal threats of harm...." An undated policy, provided by the DON (Director of Nursing) on 4/20/11 at 11:40 A.M., titled "Abuse Investigation" indicated: Policy: Nursing Homes must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the Administrator (Executive Director) of the facility and the Indiana State Department of Health. (Bold faced) Immediately means as soon as possible, but not to exceed 12 hours after discovery of the incident. It is the policy of this facility that all reports of resident abuse, neglect and injuries of an unknown source shall be promptly reported and thoroughly			

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	investigated by facility management as required by the federal regulations. Procedure: 1. Should an incident or suspected incident of resident abuse, neglect, or injury of an unknown source be reported the Executive Director, or his designee will immediately investigate the alleged incident.... ... 2. An internal investigation will be conducted using the following as part of the investigation: a. Review the completed Grievance/Complaint Investigative Report b. Review the resident's medical record to determine events leading up to the incident c. Interview the person(s) reporting the incident d. Interview any witnesses to the incident e. Interview the resident (as medically appropriate) f. Interview the resident's attending physician to determine the resident's current mental status as needed g. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident h. Interview the resident's roommate, family members, and visitors ... ... 7. Employees of this facility who have been accused of resident abuse may be suspended from duty until the Executive Director has reviewed the results of the			

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	investigation.... ... 11. Should the investigation reveal that a false report was made/filed, the investigation will cease. Residents, family members, Ombudsmen, state agencies, etc., will be notified of the findings...." During the entrance conference with the Executive Director on 4/18/11 at 9:15 A.M., he indicated the Administrator was at the facility's corporate office. During the daily conference with the Executive Director on 4/18/11 at 4:30 P.M., a request was made to see investigations of 9 grievances/concerns filed in the last 3 months. On 4/19/11 at 8:10 A.M., these investigations were provided by the Executive Director. 1. A grievance/concern filed by Residents F and M on 3/8/11, indicated CNA #2 "is short and abrupt when responding to call light - slow to respond. Sometimes short (symbol for with) confused res. (residents). Turns not being done. 11-7 staff doesn't come into room to check, Went entire noc (night) (symbol for without) being turned." The investigation was done by the DON			

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	(Director of Nursing). The DON was not available to be interviewed until 4/20/11 at 9:30 A.M. During that interview, the DON indicated she did not feel, from her investigation, Residents F and M were abused or felt abused, and was unaware the allegation should have been reported to the State Agency. Also during that interview, the DON indicated she thought the Executive Director was the Administrator, and she had reported to the Executive Director. She also indicated she had informed the Social Services Director (SSD) of the incident during her investigation. The investigation lacked documentation from staff involved. The record for Resident M was reviewed on 4/19/11 at 1:10 P.M. Current diagnoses included, but were not limited to, paraplegia, muscle spasms, anemia, and decubitus ulcers. The record for Resident F was reviewed on 4/19/11 at 1:55 P.M. Current diagnoses included, but were not limited to, autoimmune deficiency syndrome, renal failure, weakness, depression, and human			

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	immuno-deficiency virus positive. The records for Residents F and M lacked any documentation from the SSD in regards to the Grievance/Concern filed. During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident. The incident was not reported to the State Agency. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 2. On 3/16/11, a Grievance/Concern was filed by Resident K. The form indicated			

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	Resident K was crying and she indicated CNA #6 pinched her on the jaw and CNA #6 had done that the "other day". Resident K indicated she did not want CNA #6 touching her. Family member present. The investigation was performed by the DON. The DON's investigation indicated CNA #6 was sent home that day and was to meet with the DON on 3/21/11 to review counseling and required performance. "Per interview (symbol for with) staff - no one saw this occur." CNA #6's assignment was adjusted so CNA #6 would not care for Resident K again. Review of CNA #6's employee record on 4/20/11 at 8:45 A.M. indicated CNA #6 was off duty 3/16/11, 3/17/11, and 3/18/11. During interview with the DON on 4/20/11 at 9:30 A.M., she indicated CNA #6 was kept off duty until she was able to complete her investigation and counsel the employee. The investigation did not include documentation or interviews with Resident K or the family member, or a statement by CNA #6. The record for Resident K was reviewed			

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	on 4/19/11 at 1:15 P.M. Current diagnoses included, but were not limited to, cerebrovascular The records for Residents K lacked any documentation from the SSD in regards to the Grievance/Concern filed. During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident. During interview on 4/20/11 at 9:30 A.M., the DON indicated she did not feel the "pinch" was abuse, because Resident K made false accusations in the past, and she did not report the allegation to the State Agency. She indicated she informed the Executive Director, but had not informed the Administrator. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these			

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	incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 3. A grievance/concern filed by Resident E, on 3/30/11, indicated CNA #3 called him a "G-- d--- M----- F-----, I'll kill you and pushed him into his wheelchair Also, CNA #3 threw his "reacher" onto the floor. The investigation was done by the DON. During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident. During interview on 4/20/11 at 9:30 A.M., the DON indicated she did not feel the incident was abuse, because there was no physical contact and no injury, and she did not report the allegation to the State Agency. She indicated she informed the Executive Director, but had not informed the Administrator.			

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	During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 4. On 4/1/11, a Grievance/Concern was filed by CNA #5 for Resident G. The concern indicated Resident N was standing over Resident G (who was in bed) with his fist balled making threatening (unable to read) toward Resident G. The investigation was done by the DON. The record for Resident G was reviewed on 4/19/11 at 4:40 P.M. Current diagnoses included, but were not limited to, stroke, hypertension, arthritis, pseudo gout, diabetes mellitus, chronic kidney disease, and depression. The record for Resident N was reviewed on 4/20/11 aat 10:35 A.M.			

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Current diagnoses included, but were not limited to, dysphagia, schizo-affective disorder, seizure disorder, and dementia.

The records for Residents G and N lacked any documentation from the SSD in regards to the Grievance/Concern filed.

During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident.

During an interview with the DON on 4/20/11 at 9:30 A.M., she indicated she was unaware a resident making a threat to another resident was abuse, she thought it had to be physical contact. She indicated she did not report the allegation to the Administrator or to the State Agency.

During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings,

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	the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 5. On 4/1/11, a Grievance/Concern form was filed by Residents L and M concerning being spoken to "abruptly by nurse on 11 - 7." And inconsistent turning and positioning by CNA on 11 - 7. The investigation was done by the DON. The record for Resident L was reviewed on 4/19/11 at 1:10 P.M. Current diagnoses included, but were not limited to, diabetes mellitus, hypertension, shortness of breath, and anemia. The record for Resident M was reviewed on 4/19/11 at 1:10 P.M. Current diagnoses included, but were not limited to, paraplegia, muscle spasms, anemia, and decubitus ulcers. The records for Residents L and M lacked any documentation from the SSD in regards to the Grievance/Concern filed. During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was			

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	involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident. During an interview with the DON on 4/20/11 at 9:30 A.M., she indicated she was unaware a resident making an allegation of not receiving needed care during the night would fall under an abuse category. She indicated she did not report this incident to the Administrator or the State Agency. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns were discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. The Administrator was unavailable for interview during the survey dates. An Immediate Jeopardy was identified on			

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HIGHLAND MANOR HEALTHCARE	2926 NORTH CAPITOL AVENUE INDIANAPOLIS, IN46208

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	4/19/11 at 11:00 A.M. The Immediate Jeopardy began on 3/8/11 when 2 residents complained a CNA was short and abrupt when responding to their call lights, and they hadn't been turned all night shift. The Executive Director was notified of the Immediate Jeopardy on 4/19/11 at 11:10 A.M. related to the lack of identifying abuse and/or neglect, inadequate investigation of complaints, and failure to report alleged abuse to the Indiana State Department of Health for 5 of 9 conerns/complaints reviewed for the last 3 months. The facility staff submitted a plan of action to remove the Immediate Jeopardy on 4/20/11 at 8:30 A.M. Based on interview and review of administrative records on 4/20/11, it was determined the plan of action had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because of concerns with understanding abuse and abuse investigations and protocols. This failure to remove the Immediate Jeopardy affected 7 of 8 supplemental and 3 sampled residents (Residents E, F, G, K, L, M, N). 3.1-28(a) 3.1-28(c) 3.1-28(d) 3.1-28(e)			

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F0250	The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.			
SS=E	Based on record review and interview, the facility failed to ensure social service follow up for assessment and intervention with residents who reported Grievances/Concerns, including resident to resident threats. The deficient practice affected for 6 of 7 residents reviewed for Social Service (SS) documentation in a sample of 3 and supplemental sample of 8 (Residents 'K', 'N', 'F', 'M', 'L' and 'G'). Findings include: 1. A current undated facility policy titled "Abuse" and provided by the Executive Director (ED) on 4/18/11 on 2:40 P.M. indicated, "It is the policy of this facility to protect residents from all abusive acts and to comply with state and federal laws and regulations for reporting suspected or actual acts. ...The Social Service Director shall be responsible for visiting the resident,	F0250	Who is affected: All residents in the facility have the potential to be affected. Who has the potential to be affected. All current or newly admitted residents have the potential to be affected. What systemic changes were put in place to keep the deficient practice from re-occurring: A new grievance/concern form has been initiated that requires distribution to the Administrator, Executive director, DON, and Social Services Director. Social Services will be required to state the date a note was made re: the alleged incident and any follow up needed. The interdisciplinary team will update any assessments documentation and resident care plans as needed. Nursing will update CNA assignments sheets as needed. Who and How will this be monitored: This will be monitored by the Administrator and Executive Director when form has been signed by all parties and returned to Social Services to be kept in the grievance book and	04/21/2011

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	assessing their psycho/social needs and developing interventions to address identified needs." 2. The record for Resident 'K' was reviewed on 4/19/11 at 1:15 P.M. Diagnoses for Resident 'K' included, but were not limited to, cerebral vascular accident, kidney failure, hypertension and left side weakness. A facility "Grievance/Concern Form" dated 3/16/11 indicated CNA # 6 pinched Resident 'K' on her jaw and she did not want him touching her. A nurses note dated 3/16/11 indicated Resident 'K' was sitting in her wheel chair in the dining room crying that CNA #6 had pinched her jaw and she did not want the CNA to touch her. A social service note dated 4/8/11 and coded as a late entry for assessment period 3/11/11 to 3/17/11 indicated nurses notes (NN) indicated no problems during the assessment period. The social service record lacked documentation of any assessment or interventions to address the needs of the resident.		log. Executive director and Administrator are responsible for auditing daily with all Department Heads, weekly with Chief Operating Officer and QA monthly for three months and quarterly thereafter. Effective 4-21-2011 and on-going	

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	During an interview with the Social Service Director on 4/20/11 at 2:10 P.M., she indicated there were no other social service notes for this resident because there were no issues and she was not due to be reassessed until June. 3. The record for Resident 'N' was reviewed on 4/20/11 at 10:35 A.M. Diagnoses for Resident 'N' included, but were not limited to, schizo-affective disorder, seizure disorder, and dementia related to encephalopathy secondary to an old gun shot wound. A facility "Grievance/Concern Form" dated 4/1/11 indicated Resident 'N' was standing over his roommate while in bed, with his fist balled up threatening his roommate. A nurses note on 4/1/11 at 2:30 P.M. indicated nursing was called to Resident 'Ns' room and found him standing over the bed of his roommate and flexing in a threatening manner. A nurses note on 4/1/11 at 3:15 P.M. indicated the Social Service Director had been advised of the resident's behavior. The social service record lacked documentation of any assessments or			

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	interventions for the aggressive behavior displayed by Resident 'N'. During an interview with the Social Service Director on 4/20/11 at 1:35 P.M., she indicated the most current entry for this resident was for 2/9/11 and he was not due for assessment again until May. 4. The record for Resident 'F' was reviewed on 4/19/11 at 1:55 P.M. Diagnoses for Resident 'F' included, but were not limited to, auto immune deficiency syndrome (AIDS), human immunodeficiency virus (HIV), depression, renal failure and weakness. A facility "Grievance/Concern Form" dated 3/8/11 indicated the resident had reported CNA #2 had been slow to respond to the call light and was short and abrupt when she did respond. Resident 'F' also indicated the staff on the night shift doesn't come into the room to check and he went the whole night without being turned. The social service record lacked documentation of any assessments or interventions to address the needs of Resident 'F'. During an interview with the Social			

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Service Director on 4/21/11 at 9:20 A.M., she indicated there were no notes specific to 3/8/11 greivance.

5. The record for Resident 'M' was reviewed on 4/19/11 at 1:10 P.M.

Diagnoses for Resident 'M' included, but were not limited to, paraplegia, muscle spasms and anemia.

A facility "Grievance/Concern Form" dated 3/8/11 indicated the resident had reported CNA #2 had been slow to respond to the call light and was short and abrupt when she did respond. Resident 'F' also indicated the staff on the night shift doesn't come into the room to check and he went the whole night without being turned.

A facility "Grievance/Concern Form" dated 4/1/11 indicated the resident had reported a nurse on the 11-7 shift had spoken abruptly to him and the CNA on the 11-7 shift had been inconsistent with turning and positioning him.

The social service record lacked documentation of any assessments or interventions to address the needs of Resident 'F'.

During an interview with the Social

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	Service Director on 4/21/11 at 9:20 A.M., she indicated there were no notes specific to 3/8/11 or 4/1/11 greivance. 6. The record for Resident 'L' was reviewed on 4/19/11 at 1:10 P.M. Diagnoses for Resident 'L' included, but were not limited to, diabetes, hypertension, anemia and chronic mild diarrhea. A facility "Grievance/Concern Form" dated 4/1/11 indicated the resident had reported a nurse on the 11-7 shift had spoken abruptly to him and the CNA on the 11-7 shift had been inconsistent with turning and positioning him. The social service record lacked documentation of any assessments or interventions to address the needs of Resident 'F'. During an interview with the Social Service Director on 4/21/11 at 9:20 A.M., she indicated there were no notes specific to 4/1/11 greivance. 7. The record for Resident 'G' was reviewed on 4/19/11 at 1:00 P.M. Diagnoses for Resident 'G' included, but were not limited to, stroke, hypertension,			

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	arthritis, diabetes, depression and chronic kidney disease. A facility "Grievance/Concern Form" dated 4/1/11 indicated Resident 'Gs' roommate (Resident 'N') was standing over me while in bed with his fist balled up threatening me. A nurses note on 4/1/11 at 2:30 P.M. indicated nursing was called to Resident 'Gs' room and found the roommate (Resident 'N') standing over Resident 'G's' bed and flexing in a threatening manner. A nurses note on 4/1/11 at 3:15 P.M. indicated the Social Service Director had been advised of the resident's behavior. The social service record lacked documentation of any assessments or interventions to address the needs of Resident 'G'. During an interview with the Social Service Director on 4/19/11 at 4:30 P.M., she indicated Resident 'G' was not due for any assessments yet. During the same interview on 4/19/11 at 4:30 p.m., the Social Service Director indicated if she was involved in filing the Grievance/Concern form, she would interview the resident or residents			

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	involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident. 3.1-34(a)			
F0490	A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.			
SS=K	Based on record review and interview, the facility failed to ensure the Administrator was informed and involved in investigations and interventions of Grievances/Concerns filed by 7 of 8	F0490	All residents have the potential to be affected. Administrator, Ed Grogg, is in the facility several days a week. Executive Director,Patrick Hall and DON, Norma Cork, are in contact with Mr. Grogg daily through phone	04/21/2011

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	residents in a sample of 3 and a supplemental sample of 8 identified in 5 of 9 Grievance/Concern forms reviewed related to allegations of abuse. (Residents E, F, G, K, L, M, N). This deficient practice resulted in Immediate Jeopardy. The immediate jeopardy was identified on 4/19/11 and began on 3/8/11. The Executive Director was notified of the Immediate Jeopardy on 4/19/11 at 11:10 A.M. The faclity developed a plan for removal of the Immediate Jeopardy, but based on interview and review of administrative records, the plan was not effective to remove the Immediate Jeopardy prior to completeion of the survey. Findings include: An undated facility policy, provided by the Executive Director on 4/18/11 at 2:40 P.M., titled "Abuse" indicated: "Policy It is the policy of this facility to protect residents from all abusive acts and to comply with state and federal laws and regulations for reporting suspected or actual acts. Procedure: 11. The Administrator shall be responsible for initiating proper interventions to assure the resident is		calls and emails. Mr. Grogg is made aware of all issues related to patient care, plant, employee, and financial. Mr. Grogg reviews all consultant reports,incident reports, and unsatisfactory work reports. Mr. Grogg, Mr. Hall, and Norma Cork review and discuss patient care indicators every week, which includes incidents, through a formal report which is complied for the Board of Directors monthly. Administrator will sign reports weekly. Executive Director and Administrator are responsible for auditing done in daily meeting with all Department Heads, weekly with Chief Operating Officer and QA monthly for three months and quarterly thereafter. Posting of procedure for Abuse known and or alleged policy with action steps at central time clock for every employee to see every in/out scheduled. Resident Council given policy and procedure on Abuse Protection and Investigation. All Families and guardians mailed policy and procedure on Abuse Protection and Investigation. All staff in-serviced on 4-21-2011and repeated on 5-5-2011 on expanded grievance form which now includes signature lines for Administrator, Executive Director, Director of Nursing and Social Services Director. Form includes policy and step- by-step instructions on investigation procedures and reporting procedures including notification	

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	protected from any further abusive acts while the incident is being investigated. ... 15. The Administrator or Designee shall immediately identify and investigate all incidents. All investigations must be completed within five (5) working days...." An undated policy, provided by the DON (Director of Nursing) on 4/20/11 at 11:40 A.M., titled "Abuse Investigation" indicated: Policy: Nursing Homes must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the Administrator (Executive Director) of the facility and the Indiana State Department of Health. (Bold faced) Immediately means as soon as possible, but not to exceed 12 hours after discovery of the incident. It is the policy of this facility that all reports of resident abuse, neglect and injuries of an unknown source shall be promptly reported and thoroughly investigated by facility management as required by the federal regulations. Procedure: 1. Should an incident or suspected incident of resident abuse, neglect, or injury of an unknown source be reported		of Administrator, Director of Nursing, Social Services Director and Executive director. All staff in-serviced with pre/post testing by Director of Nursing on Abuse, Grievances, Reportable, and Abuse Protection and Investigation policies and procedures on 4-21-2011 and repeated on 5-5-2011. Medical Director in-serviced Executive Director and Director of Nursing on 4-21-2011. Executive Director in-serviced Administrator on 4-21-2011. Executive Director and Administrator are responsible for auditing done in daily meeting with all Department Heads, weekly with Chief Operating Officer and QA Monthly for three months and quarterly thereafter. Effective 4-21-2011 and on-going.	

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	the Executive Director, or his designee will immediately investigate the alleged incident.... ... 2. An internal investigation will be conducted using the following as part of the investigation: a. Review the completed Grievance/Complaint Investigative Report b. Review the resident's medical record to determine events leading up to the incident c. Interview the person(s) reporting the incident d. Interview any witnesses to the incident e. Interview the resident (as medically appropriate) f. Interview the resident's attending physician to determine the resident's current mental status as needed g. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident h. Interview the resident's roommate, family members, and visitors ... ... 7. Employees of this facility who have been accused of resident abuse may be suspended from duty until the Executive Director has reviewed the results of the investigation.... ... 11. Should the investigation reveal that a false report was made/filed, the investigation will cease. Residents, family members, Ombudsmen, state agencies, etc., will be notified of the			

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	findings...." During the entrance conference with the Executive Director on 4/18/11 at 9:15 A.M., the Executive Director indicated the facility Administrator was at the corporate offices. During the daily conference with the Executive Director on 4/18/11 at 4:30 P.M., a request was made to see investigations of 9 grievances/concerns filed in the last 3 months. On 4/19/11 at 8:10 A.M., these investigations were provided by the Executive Director. 1. A grievance/concern" filed by Residents F and M on 3/8/11 indicated CNA #2 "is short and abrupt when responding to call light - slow to respond. Sometimes short (symbol for with) confused res. (residents). Turns not being done. 11-7 staff doesn't come into room to check, Went entire noc (night) (symbol for without) being turned." The investigation was done by the DON (Director of Nursing). The DON was not available to be interviewed until 4/20/11 at 9:30 A.M. During that interview, the DON indicated			

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	she did not feel, from her investigation, Residents F and M were abused or felt abused, and was unaware the allegation should have been reported to the State Agency. Also during that interview, the DON indicated she thought the Executive Director was the Administrator, and she had reported to the Executive Director. She also indicated she had informed the Social Services Director (SSD) of the incident during her investigation. The investigation lacked documentation from staff involved. The record for Resident M was reviewed on 4/19/11 at 1:10 P.M. Current diagnoses included, but were not limited to, paraplegia, muscle spasms, anemia, and decubitus ulcers. The record for Resident F was reviewed on 4/19/11 at 1:55 P.M. Current diagnoses included, but were not limited to, autoimmune deficiency syndrome, renal failure, weakness, depression, and human immuno-deficiency virus positive. The records for Residents F and M lacked any documentation from the SSD in regards to the Grievance/Concern filed.			

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During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident.

During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents.

2. On 3/16/11, a Grievance/Concern was filed by Resident K. The form indicated Resident K was crying and she indicated CNA #6 pinched her on the jaw and CNA #6 had done that the "other day". Resident K indicated she did not want CNA #6 touching her. Family member present.

The investigation was performed by the

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	DON. The DON's investigation indicated CNA #6 was sent home that day and was to meet with the DON on 3/21/11 to review counseling and required performance. "Per interview (symbol for with) staff - no one saw this occur." CNA #6's assignment was adjusted so CNA #6 would not care for Resident K again. Review of CNA #6's employee record on 4/20/11 at 8:45 A.M. indicated CNA #6 was off duty 3/16/11, 3/17/11, and 3/18/11. During interview with the DON on 4/20/11 at 9:30 A.M., she indicated CNA #6 was kept off duty until she was able to complete her investigation and counsel the employee. The investigation did not include documentation or interviews with Resident K or the family member, or a statement by CNA #6. The record for Resident K was reviewed on 4/19/11 at 1:15 P.M. Current diagnoses included, but were not limited to, cerebrovascular accident, kidney failure, hypertension, and left side weakness. The records for Residents K lacked any			

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	155711	A. BUILDING 00 B. WING	04/21/2011

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	documentation from the SSD in regards to the Grievance/Concern filed. During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident. During interview on 4/20/11 at 9:30 A.M., the DON indicated she did not feel the "pinch" was abuse, because Resident K made false accusations in the past, and she did not report the allegation to the State Agency. She indicated she informed the Executive Director, but had not informed the Administrator. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents.			

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3. A grievance/concern filed by Resident E, on 3/30/11, indicated CNA #3 called him a "G-- d--- M----- F-----, I'll kill you and pushed him into his wheelchair Also, CNA #3 threw his "reacher" onto the floor.

The investigation was done by the DON.

During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident.

During interview on 4/20/11 at 9:30 A.M., the DON indicated she did not feel the incident was abuse, because there was no physical contact and no injury, and she did not report the allegation to the State Agency. She indicated she informed the Executive Director, but had not informed the Administrator.

During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the

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	Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents. 4. On 4/1/11, a Grievance/Concern was filed by CNA #5 for Resident G. The concern indicated Resident N was standing over Resident G (who was in bed) with his fist balled making threatening (unable to read) toward Resident G. The investigation was done by the DON. The record for Resident G was reviewed on 4/19/11 at 4:40 P.M. Current diagnoses included, but were not limited to, stroke, hypertension, arthritis, pseudo gout, diabetes mellitus, chronic kidney disease, and depression. The record for Resident N was reviewed on 4/20/11 aat 10:35 A.M. Current diagnoses included, but were not limited to, dysphagia, schizo-affective disorder, seizure disorder, and dementia. The records for Residents G and N			

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	lacked any documentation from the SSD in regards to the Grievance/Concern filed. During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident. During an interview with the DON on 4/20/11 at 9:30 A.M., she indicated she was unaware a resident making a threat to another resident was abuse, she thought it had to be physical contact. She indicated she did not report the allegation to the Administrator or to the State Agency. During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns are discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents.			

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	5. On 4/1/11, a Grievance/Concern form was filed by Residents L and M concerning being spoken to "abruptly by nurse on 11 - 7." And inconsistent turning and positioning by CNA on 11 - 7. The investigation was done by the DON. The record for Resident L was reviewed on 4/19/11 at 1:10 P.M. Current diagnoses included, but were not limited to, diabetes mellitus, hypertension, shortness of breath, and anemia. The record for Resident M was reviewed on 4/19/11 at 1:10 P.M. Current diagnoses included, but were not limited to, paraplegia, muscle spasms, anemia, and decubitus ulcers. The records for Residents L and M lacked any documentation from the SSD in regards to the Grievance/Concern filed. During interview with the SSD on 4/19/11 at 4:30 P.M., she indicated if she was involved in filing the Grievance/Concern form she would interview the resident or residents involved, but if the problem was reported to the DON and/or Executive Director, she often didn't hear about the incident.			

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During an interview with the DON on 4/20/11 at 9:30 A.M., she indicated she was unaware a resident making an allegation of not receiving needed care during the night would fall under an abuse category. She indicated she did not report this incident to the Administrator or the State Agency.

During interview with the Executive Director on 4/19/11 at 11:10 A.M., he indicated these Grievance/Concerns were discussed in meetings, along with discussion whether it was felt to be abuse or not. When queried as to whether the Administrator had been informed of these incidents or was a part of the meetings, the Executive Director indicated he (Executive Director) knew about them, but was unable to provide information as to whether the Administrator was aware of the incidents.

The Administrator was unavailable for interview during the survey dates.

An Immediate Jeopardy was identified on 4/19/11 at 11:00 A.M. The Immediate Jeopardy began on 3/8/11 when 2 residents complained a CNA was short and abrupt when responding to their call lights, and they hadn't been turned all night shift. The Executive Director was

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	notified of the Immediate Jeopardy on 4/19/11 at 11:10 A.M. related to the lack of identifying abuse and/or neglect, inadequate investigation of complaints, and failure to report alleged abuse to the Indiana State Department of Health for 5 of 9 conerns/complaints reviewed for the last 3 months. The facility staff submitted a plan of action to remove the Immediate Jeopardy on 4/20/11 at 8:30 A.M. Based on interview and review of administrative records on 4/20/11, it was determined the plan of action had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because of concerns with understanding abuse and abuse investigations and protocols. This failure to remove the Immediate Jeopardy affected 7 of 8 supplemental and 3 sampled residents (Residents E, F, G, K, L, M, N). 3.1-13(q)			
F0514	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care			

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	and services provided; the results of any preadmission screening conducted by the State; and progress notes.			
SS=D	Based on record review and interview, the facility failed to ensure clinical records were complete and accurately maintained in regards to documentation of catheter and tracheostomy care for 2 of 3 residents reviewed for documentation in a sample of 3 (Residents 'D' and 'B'). Findings include: 1. A current undated facility policy titled "Documentation" and provided by LPN #1 indicated, "All shifts are to make pertinent and/or general notes on each resident daily." 2. A current undated facility policy titled, "Charting" and provided by the Executive Director (E.D.) on 4/19/11 at 2:20 P.M. indicated, "Policy Statement All services provided to the resident ... shall be recorded in the resident's medical record. Policy Interpretation and Implementation 1. All observations, medications given, services performed, etc., must be recorded in the resident's chart." 3. The record for Resident 'D' was reviewed on 4/18/11 at 12:40 P.M.	F0514	All residents are at risk for being affected. A complete audit of MAR and TAR documentation was conducted by DON on 4-21-2011. Identified deficiencies were addressed with responsible staff LPNs. A documentation in-service was done with all nursing staff on 4-21-2011. Medical records personnel has also been counseled as on-going audits have not been completed as scheduled to cover all resident MAR and TARs. DON will review documentation daily with each shift and address deficiencies. MAR and TARs will be placed in same book. Medical records mandated to do daily audits and copy results to DON for follow up as indicated. Nurses are responsible for documentation. Medical records are responsible for audits. DON will monitor through audits weekly for ninety days, monthly thereafter when threshold is met. QA will monitor every month for three months the quarterly for three periods. Effective 4-21-2011 and on-going	04/21/2011

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Diagnoses for Resident 'D' included but were not limited to anal fistula, peripheral vascular disease, dementia with agitation, diabetes, psychosis and cerebral vascular accident.

An April 2011 physician's order, originally dated 7/9/09, indicated catheter care on every shift.

The medication administration record (MAR) for 2011 lacked documentation of catheter care for the following dates:

Day shift: 2/3/11, 2/4, 2/7, 2/8, 2/9, 2/11, 2/12, 2/13, 2/14, 2/15, 2/16, 2/17, 2/18, 2/20, 2/23, 2/24, 2/25, 2/26, 2/27, 2/28/11
Evening shift: 2/2/11, 2/4, 2/19, 2/28/11
Night shift: 2/8/11, 2/13, 2/14, 2/18, 2/28/11

Day shift: 3/4/11, 3/6, 3/12, 3/13, 3/14, 3/15, 3/16, 3/17, 3/18, 3/20, 3/21, 3/22, 3/23, 3/26, 3/27, 3/29/11
Evening Shift: 3/4/11, 3/8, 3/13, 3/18, 3/22, 3/24, 3/25, 3/27, 3/28, 3/29, 3/30, 3/31/11
Night Shift: 3/4/11, 3/6, 3/8, 3/13, 3/14, 3/16, 3/17, 3/18, 3/22/11

4. The record for Resident 'B' was reviewed on 4/18/11 at 9:45 A.M.

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	Diagnoses for Resident 'B' included but were not limited to diabetes, diabetic ketoacidosis, encephalopathy, dysphasia and tracheostomy (trach). An April 2011 physician's order, originally dated 3/13/10, indicated trach care every shift. The MARs for 2011 lacked documentation of trach care for the following dates: Day shift: 2/14, 2/15, 2/18, 2/20, 2/21, 2/23, 2/25, 2/26, 2/27, 2/28/11 Night Shift: 2/13, 2/14, 2/18, 2/28/11 Day shift: 3/15, 3/16, 3/17, 3/19, 3/20, 3/21, 3/22, 3/24, 3/25, 3/26, 3/27, 3/30, 3/31 Evening Shift: 3/31/11 Night Shift: 3/15, 3/16, 3/17, 3/18, 3/19, 3/21/11 During the daily conference on 4/18/11 at 4:30 P.M., the missing documentation for catheter care and trach care was requested. During an interview with LPN #1 on 4/19/11 at 9:30 A.M., she indicated no further documentation could be found for the missing catheter or trach care for Resident 'B' or 'D'.			

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	3.1-50(a)(1) 3.1-50(a)(2)			